PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09766149

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS						2		RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OB	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			47 minus 20=		. 23			X\$ 9=					
INDEPENDENT CLAIMS			/ minus 3 =		· 8				207	OR	X\$18=		
		DENT CLAIM PI		ius 5 =				X40=	320	OR	X80=	·	
								+135=		OR	+270=		
* If	the difference	in column 1 is	less than zero, enter "0" in c			olumn 2	U	TOTAL	882	OR	TOTAL		
	CI	Laims as a	Mended - Part II						'	J	OTHER		
		(Column 1) CLAIMS	and the state of the same of	(Colun		(Column 3)	i 16	SMALL		OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
								TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE [OR	ADDIT. FEE		
	CLAIMS HIGH				IEST	(Column 3)		<u> </u>	ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			+270=		
								TOTAL		OR	TOTAL		
								ADDIT. FEE		OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X40=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR			
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		nber Previously Pa					er fou	ind in the app	ropriate box	k in co	lumn 1.		